

The benefits, copayments, & limits shown are standard for all the HMO plans listed below.

HMO PLANS

Aetna U.S. Healthcare★
Blue Shield
Access+ HMO
CIGNA★
Health Net★
Health Plan
of The Redwoods★
Kaiser Permanente★
Lifeguard★
Maxicare★
PacifiCare of CA★
Universal Care★

CalPERS HMO Basic Benefit Summary																		
HOSPITAL		PHYSICIAN SERVICES										DIAGNOSTIC X-RAY/LAB	PRESCRIPTION DRUGS		DURABLE MEDICAL EQUIP.	INFERTILITY TESTING & TREATMENT	AMBULANCE	
INPATIENT	OUTPATIENT	OFFICE VISITS	ALLERGY TESTING/ TREATMENT	HEARING EXAM/ SCREENING	IMMUNIZATION/ INOCULATION	GYNECOLOGICAL EXAM	PERIODIC HEALTH EXAM	WELL BABY CARE	INPATIENT HOSPITAL VISITS	SURGERY/ ANESTHESIA	VISION EXAM (REFRACTION)	OUTPATIENT	PHARMACY	MAINTENANCE DRUGS/MAIL ORDER PROGRAM				
No Charge Room & board & all medically necessary services, including general nursing services, maternity services, operating & special care room fees, diagnostic X-ray, & laboratory services.	No Charge Surgical room fee, radiation, chemo-therapy treatment, & renal dialysis.	\$5/visit	\$5/visit	\$5/visit	\$5/visit	\$5/visit	\$5/visit	\$5/visit	No Charge	No Charge	\$10/visit Provided by all plans for age 17 & under. Varies by plan for age 18 & over & is limited to one visit per year. ¹	No Charge Outpatient diagnostic X-ray & laboratory service.	\$5/prescription Up to 30-34-day supply for short-term or acute illnesses. ² Medically necessary drugs prescribed by a physician, including insulin, injectable medications, needles, & syringes necessary for the administration of the covered medication, blood glucose testing strips, & diabetic lancets.	\$5/ prescription 90-day supply for drugs taken over long periods of time (maintenance drugs). ² Some of the plans offer a mail order service. Refer to the plan's Evidence of Coverage booklet for more details.	No Charge	50% Of Charges Professional, hospital, ambulatory surgery center, ancillary services, & drugs administered to diagnose & treat infertility.	No Charge Air or ground ambulance when medically necessary.	

EMERGENCY SERVICES	MENTAL HEALTH		SUBSTANCE ABUSE		HOME HEALTH SERVICES	PHYSICAL/ OCCUPATIONAL/SPEECH THERAPY	SKILLED NURSING CARE	HOSPICE	ACUPUNCTURE	CHIROPRACTIC	BLOOD & BLOOD PRODUCTS	HEARING AID SERVICES	
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT								AUDIOLOGICAL EXAM	HEARING AID
Copayments vary by plan³. Waived if hospitalized. Emergency care for alleviation of sudden, serious, & unexpected illness, injury, or condition requiring immediate diagnosis & treatment.	No Charge No limits for severe mental illness or serious emotional disturbance of a child. Up to 30 days per calendar year for treatment of an acute phase of mental health conditions during a certified confinement in a participating hospital.	\$5/visit & no visit limits for severe mental illness or emotional disturbance of a child. \$20/visit up to 20 visits per calendar year. Evaluation, crisis intervention, & treatment for other mental health conditions.	No Charge Hospitalization as medically appropriate to remove toxic substances from the system.	\$5/visit Up to 20 visits per calendar year. Evaluation, crisis intervention, & treatment for conditions which are subject to significant improvement through relatively short-term therapy.	No Charge Health services provided in the home by health care personnel. Custodial care not covered. See copayments and limitations for Physical/ Occupational/ Speech Therapy provided in the home.	No charge for inpatient visits at a hospital or skilled nursing facility. \$5/visit for outpatient & home visits.	No Charge Up to 100 days per calendar year. Services provided in a licensed skilled nursing facility when medically necessary. Custodial care not covered.	No Charge	Not Covered	\$5/visit⁵ Up to 20 visits per calendar year.	No Charge	No Charge	\$1,000 maximum. Every 36 months.

FOOTNOTES

Important:
This is only a brief summary. You should carefully review the plan's Evidence Of Coverage booklet for more details on these benefits. In case of conflict between this chart and your plan's Evidence Of Coverage, the Evidence Of Coverage booklet determines the benefits that will be provided.

Plan Service Area
To determine what plans are available to you, refer to the Health Plan Service Area chart in your Health Plan Decision Guide.

Note:
These health plans require services to be preapproved and/or obtained from specified doctors, hospitals, pharmacies, and other health care providers who contract with the plan. Refer to the plan's Evidence Of Coverage booklet for further information.

★ Arbitration
Enrollment in this plan constitutes an agreement to have certain claims or controversy decided by neutral arbitration and member waives right to jury or court trial.

¹ Refraction for age 18 and over offered by Aetna U.S. Healthcare, Blue Shield Access+ HMO, CIGNA, Health Net, Kaiser Permanente, Maxicare, PacifiCare, and Universal Care.

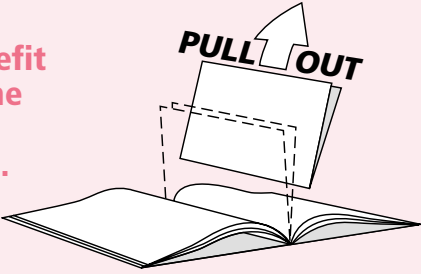
² Kaiser Permanente offers up to a 100-day supply.

³ **Emergency Services Copayments**
Aetna U.S. Healthcare, Kaiser Permanente, Health Net, PacifiCare & Universal Care.....\$35
Blue Shield Access+ HMO, Health Plan of the Redwoods & Maxicare\$25
CIGNA & Lifeguard \$50





⁴ Refer to the plan's Evidence of Coverage Booklet for detailed information.

⁵ Chiropractic services offered by CIGNA, Health Plan of The Redwoods, Kaiser Permanente, Maxicare, PacifiCare, Health Net and Univeral Care only.

To review the Benefit Summaries, pull the charts completely out of the booklet.



NOTE:
CalPERS HMO Supplement to Original Medicare & Managed Medicare (Medicare + Choice) benefits are shown on reverse.



your CalPERS health care benefits
VALUE, SECURITY, CHOICE

Health Maintenance Organizations

2001 Benefit Summary For:

Basic,
Supplement
to Original
Medicare &
Managed
Medicare
Plans
(Medicare +
Choice Plans)



The benefits, copayments, & limits shown are standard for all the HMO plans listed below.

The benefits, copayments, & limits shown are standard for all the HMO plans listed below.	CalPERS HMO Supplement To Original Medicare & Managed Medicare (Medicare + Choice) Benefit Summary																	
	HOSPITAL•		PHYSICIAN SERVICES									DIAGNOSTIC X-RAY/LAB	PRESCRIPTION DRUGS				DURABLE MEDICAL EQUIP.•	AMBULANCE•
	INPATIENT	OUTPATIENT	OFFICE VISITS (INCLUDES HOME & HOSPITAL)	ALLERGY TESTING/ TREATMENT•	HEARING EXAM/ SCREENING•	IMMUNIZATION/ INOCULATIONS	GYNECOLOGICAL EXAM (PAP SMEAR & BREAST EXAM)	PERIODIC HEALTH EXAM	SURGERY/ ANESTHESIA•	VISION EXAM (REFRACTION)	OUTPATIENT	PHARMACY	MAIL ORDER PROGRAM					
SUPPLEMENT TO ORIGINAL MEDICARE PLANS																		
Blue Shield Access+ HMO CIGNA⌘★ Health Plan of The Redwoods★ Lifeguard⌘★ Maxicare★ Universal Care★	No Charge	No Charge	No Charge Including Consultations.	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	Varies ¹ Medically necessary drugs prescribed by a physician including insulin, injectable medications, needles, & syringes necessary for the administration of the covered medication, blood glucose testing strips, & diabetic lancets. (Up to 30 to 34 day supply for short-term or acute illnesses.)	Varies ¹ Plans offer maintenance drugs either through mail order &/or provider pharmacies. Refer to the plan's Evidence Of Coverage booklet for more details. (90 to 100 day supply.)	No Charge	No Charge			
MANAGED MEDICARE (MEDICARE + CHOICE) PLANS																		
Aetna U.S. Healthcare* (Golden Medicare)★ Health Net (Seniority Plus Plan)★* Kaiser Permanente (Senior Advantage)★ PacifiCare of CA (Secure Horizons)★*	No Charge	No Charge	No Charge Including Consultations	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	\$1 Medically necessary drugs prescribed by a physician including insulin, injectable medications, needles, and syringes necessary for the administration of the covered medication, blood glucose testing strips, & diabetic lancets. (Up to 30 to 34 day supply for short-term or acute illnesses.) ⁷	\$1 Plans offer maintenance drugs either through mail order and/or provider pharmacies. Refer to the plan's Evidence Of Coverage booklet for more details. (90 to 100 day supply.)	No Charge	No Charge			
	EMERGENCY SERVICES•	MENTAL HEALTH•		SUBSTANCE ABUSE•		HOME HEALTH SERVICES•	PHYSICAL/ OCCUPATIONAL/ SPEECH THERAPY•	SKILLED NURSING CARE•	HOSPICE•	ACUPUNCTURE	BIOFEEDBACK•	BLOOD & BLOOD PRODUCTS	CHIROPRACTIC	VISION CARE		HEARING AID SERVICES		
		INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT									EYE REFRACTION	EYE GLASSES	AUDIOLOGICAL EXAM	HEARING AID	
SUPPLEMENT TO ORIGINAL MEDICARE PLANS																		
Blue Shield Access+ HMO CIGNA⌘★ Health Plan of The Redwoods★ Lifeguard★ Maxicare★ Universal Care★	No Charge In-Area & Out-Of-Area.	No Charge ²	No Charge	No Charge	No Charge For 20 visits per year. ³	No Charge Custodial care not covered.	No Charge	No Charge 100 days per Medicare benefit period. Custodial care not covered.	No Charge	Not Covered	No Charge	No Charge Includes collection & storage of autologous blood.	\$5/visit ⁴ Up to 20 visits per year.	Varies ⁵ Determines need for lenses (limited to one exam per year.)	Varies ⁶ (Benefit beyond Medicare coverage.)	No Charge	\$1,000 maximum ⁷ Every 36 months.	
MANAGED MEDICARE (MEDICARE + CHOICE) PLANS																		
Aetna U.S. Healthcare* (Golden Medicare)★ Health Net (Seniority Plus Plan)★* Kaiser Permanente (Senior Advantage)★ PacifiCare of CA (Secure Horizon)★*	No Charge In-Area & Out-Of-Area.	No Charge ²	No Charge	No Charge	No Charge For 20 visits per year. ³	No Charge Custodial care not covered.	No Charge	No Charge 100 days per Medicare benefit period. Custodial care not covered.	No Charge	Not Covered	No Charge	No Charge Includes collection & storage of autologous blood.	\$5/visit ⁴ Up to 20 visits per year.	No Charge Determines need for lenses (limited to one exam per year.)	No Charge (Benefit beyond Medicare coverage.)	No Charge	\$1,000 maximum ⁷ Every 36 months.	

FOOTNOTES

+Note:
Managed Medicare health plans contain a “lock-in” provision which requires you to obtain ALL medical care and services through the plan’s participating provider network in order to receive Medicare benefits. Except for qualifying emergency services, urgently needed care while traveling outside the plan’s service area, and authorized referrals, you will be responsible for the entire bill if you receive services from nonplan providers. Please refer to the Health Plan Decision Guide or *Evidence Of Coverage* booklet for further details.

Important:
This is only a brief summary. You should carefully review the plan’s *Evidence Of Coverage* booklet for more details on these benefits. In case of conflict between this chart and your plan’s *Evidence Of Coverage*, the *Evidence Of Coverage* booklet determines the benefits that will be provided.

Plan Service Area
To determine what plans are available to you, refer to the Health Plan Service Area chart in your Health Plan Decision Guide.

Note:
These health plans require services to be preapproved and/or obtained from specified doctors, hospitals, pharmacies, and other health care providers who contract with the plan. Refer to the plan’s *Evidence Of Coverage* booklet for further information.

★ **Arbitration**
Enrollment in this plan constitutes an agreement to have certain claims or controversy decided by neutral arbitration and member waives right to jury or court trial.

- Medical services must be Medicare approved.

⌘ CIGNA is a Medicare Coordinated Care plan offering similar benefits as Managed Medicare (Medicare + Choice). Lifeguard is a Medicare Coordinated Care plan offering similar benefits as Supplement to Original Medicare.

* Aetna U.S. Healthcare, Health Net, and PacifiCare offer a Supplement to Original Medicare plan and a Managed Medicare plan (Medicare + Choice), depending on the service area. The covered benefits are the same.

¹Prescription Drugs

Supplement To Medicare Plans	Maintenance Drugs	
	30-34 day supply copayment	90-100 day supply copayment
Blue Shield Access+ HMO	\$4	\$4
CIGNA	\$1	\$1
Health Plan Of The Redwoods	\$4	\$4
Lifeguard	\$5	\$5
Maxicare	\$3	\$3
Universal Care	\$5	\$5

²**For Supplement To Original Medicare plans** - there is a maximum of 190 days of Medicare lifetime coverage.
For Managed Medicare Plans (Medicare + Choice) - there is a minimum of 30 additional days per year after 190 days of Medicare lifetime coverage is exhausted. Some plans may provide additional days. See *Evidence of Coverage* booklet.

³**Supplement To Original Medicare plans and Managed Medicare Plans (Medicare + Choice plans)** - See *Evidence Of Coverage* booklet for copayments for additional visits.

⁴Offered by Aetna U.S. Healthcare, CIGNA, Health Plan Of The Redwoods, Kaiser Permanente, Maxicare, PacifiCare, Health Net, and Universal Care only.

⁵**Offered by the following Supplement To Original Medicare Plans:**
Blue Shield Access+ HMO \$10/exam
CIGNA \$0/exam
Health Plan of The Redwoods \$0/exam
Lifeguard \$0/exam
Maxicare \$4/exam
Universal Care \$10/exam
All Managed Medicare Plans (Medicare + Choice) provide one eye exam per year at no charge.

⁶Offered by CIGNA and Lifeguard. See *Evidence of Coverage* booklet for allowable charges.

⁷Refer to EOC for detailed information.

NOTE:
CalPERS HMO Basic benefits are shown on reverse.